Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SANDPOINT, CITY OF ADDRESS: 1123 LAKE STREET

SANDPOINT, WA 83864

FACILITY: CITY OF SANDPOINT - SAND CREEK WTP

LOCATION: 951 SCHWEITZER BASIN ROAD

SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUB. WORKS DIR.

ID0024350	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE:

83864

MINOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	14			Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	****	****	*****	****	2.15	2.15			Monthly	GRAB
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Monthly	GRAB
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.1			Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	4.1	6.3		****	9	9			Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	29 DAILY MX	lb/d	*****	30 MO AVG	45 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	54695	84115		****	****	*****	*****		Daily	METER
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	.006	.021		****	.0125	.03			Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.65 MO AVG	.65 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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LOCATION: 951 SCHWEITZER BASIN ROAD

SANDPOINT, ID 83864

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ID0024350	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
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DMR Mailing ZIP CODE:

83864

MINOR (SUBR 01)

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO. FREQUENCY		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	****	****	*****	*****						
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Monthly	GRAB
pH	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT				*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	29 DAILY MX	lb/d	*****	30 MO AVG	45 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT				*****						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.65 MO AVG	.65 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB

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SANDPOINT, WA 83864

FACILITY: CITY OF SANDPOINT - SAND CREEK WTP

LOCATION: 951 SCHWEITZER BASIN ROAD

SANDPOINT, ID 83864

ATTN: KODY VAN DYK, PUB. WORKS DIR.

ID0024350	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
`	•				
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MM/DD/YYYY	ORING PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE:

83864

MINOR

(SUBR 01)

External Outfall

No Discharge

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PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	17.6			Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	****	1.52	1.52			Monthly	GRAB
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Monthly	GRAB
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.84	*****	7.96			Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	.78	1.35		****	2	2			Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	29 DAILY MX	lb/d	*****	30 MO AVG	45 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	46798	80866		****	****	****	*****		Daily	METER
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	.006	.027		*****	.015	.04			Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.65 MO AVG	.65 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB

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MINOR (SUBR 01)

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		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	18			Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	****	****	*****	2.55	2.55			Monthly	GRAB
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Monthly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	7.08	*****	7.15			Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1.8	3.9		*****	5	5			Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	29 DAILY MX	lb/d	*****	30 MO AVG	45 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	43987	94000		*****	****	*****	*****		Daily	METER
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	.003	.008		*****	.008	.01			Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.65 MO AVG	.65 DAILY MX	lb/d	****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB

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	MONIT	ORI	NG PERIOD						
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DMR Mailing ZIP CODE:

DDE: 83864

MINOR (SUBR 01)

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UE UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	9.1			Weekly	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	****	****	1.34	1.34			Monthly	GRAB
00070 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	NTU		Monthly	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****	6.65	*****	7.04			Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	6.5 INST MIN	*****	9 INST MAX	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2.78	6.02		*****	8	8			Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	20 MO AVG	29 DAILY MX	lb/d	****	30 MO AVG	45 DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	41706	90238		*****	****	*****	*****		Daily	METER
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Daily	ESTIMA
Chlorine, total residual	SAMPLE MEASUREMENT	.007	.03		****	.02	.04			Weekly	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	.65 MO AVG	.65 DAILY MX	lb/d	****	.1 MO AVG	.1 DAILY MX	mg/L		Weekly	GRAB

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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